

	Describe 1-3 outcomes you would like to see happen as a result of the Food and Consumer Safety Study Group.
1.	Define jobs to be done Define responsibilities of each person Define goals
2.	1. FCSS starts supporting local sanitarians or be eliminated totally and funding mechanisms changed to local government since local government is responsible for all the DPHHS FCSS programs anyway. 2. I agree totally with her comments on outdated/outmoded ARMs. 3. Adding more stringent requirements to get the LBIF is not realistic and needs to be reworked.
3.	Better communication between sanitarians and public health and better communication at the state level with PHEP and EPI programs.
4.	1. An extensive evaluation of the system that ends with a workable solution. 2. Clear identification of roles and responsibilities 3. Have Food and consumer Safety system that incorporates the best science available.
5.	1. A FCSS group that functions normally, and provides resources to local health jurisdictions. 2. A FCSS that has stable, lon term, and consistent leadership both at the supervisor level, and the Bureau Chief level. 3. Leadership that will make the hard decisions to reformat the FCSS to fit the above 2 goals.
6.	I must apologize, but at this time I feel that we have more pressing issues at our county level than focusing our personal energy on the FCSS. Our issues include being short staffed and under paid. I would like to see Garrison succeed and if not, come up with a better solution.
7.	Improved communication between the state and counties. Clarification of roles and responsibilities of the state and county requirements in a written document. Improved training of new sanitarians, and a complete guidance document. The SIT training manual recently given out by the state is a start, but far from complete.
8.	1. Resolve the issue of funding reimbursement for inspections -- some higher risk establishments need more than one, while a bar of coffee shop may be missed. Counties are punished for doing what is best for public health. 2. Establish better communication channels between Counties and State -- inspection trips to accompany county inspectors regularly would be good at building a strong professional network 3. Begin to lay the groundwork for a rule update -- it NEEDS to happen
9.	Revised statutes and up to date rules Excellent working relationships within the FCS system
10.	I'd like to see functional/practical recommendations emerge from the FCSSG that are not limited by preconceptions. Proposed legislative changes should be an outcome. I'd like to explore the possibilities of using an educational based system rather than an enforcement based system. Informatics requirements/recommendations should be included in the outcome
11.	1. Motivation in upper management to get changes in the statutes and the rules (ie. get the fees increased and into ARM, get rules updated, get problems with daycare and school rules and inspections fixed). 2. Recognition in upper management of the importance of the food and consumer safety system (read the news lately?), also recognition that the licensed establishment programs are about disease prevention and that they are programs, not just

	doing inspections 3. Get some expertise into the FCSS staff
12.	incidence and rates of food borne illness outbreaks are a FCS performance measure
13.	Development of a reliable, respectful relationship between the city (police, public works, etc.) that would allow the Health department to enforce regulations without having to ask the county attorney if it's OK to do so. A Fee schedule that is able to pay for programs.
14.	Determine state/local roles & responsibilities Assure appropriate staffing for roles/responsibilities Assure statute/rules reflect current science, are consistent, reflect state/local roles/responsibilities
15.	Update of rules and regulations FCS deals with Improved communications between sanitarians, FCS staff, DPHHS department heads and consumers

	After reading and/or hearing the FCS System Report prepared by Chris Deveny, what questions/comments do you have?
1.	a waste of resources - time and money.
2.	Chris missed that fact that some FCSS program managers are incompetent and should be replaced. Bad decisions by DPHHS FCSS staff has increased liabilities on local government. There is no unity throughout DPHHS FCSS and less between DPHHS FCSS and local government
3.	?
4.	The question of roles and responsibilities keeps coming to the front. Do we have a responsibility to the public for trailer courts, or is this a resource that could be better used in other places? Who has a responsibility and authority for programs that cross Department lines? How do we protect public health when we think "someone else is handling that"?
5.	I agree that FCSS should focus on core public health systems, and therefore should move toward implementing that goal.
6.	The report confirms the issues that we have felt were in existence. Hopefully the Study Group will be able to address these issues.
7.	We have a long way to go and should start with one step at a time so the work doesn't become so daunting it discourages us from finishing it
8.	We should look for a few items that would be doable in the short term that she has suggested in the report...and get going on them.
9.	We have our work cut out for us. I believe the report verified that certain core issues must be addressed and once addressed, most of the historical issues will go away.
10.	1. Schools? The report says that counties are required to inspect schools, which is not the way the ARM reads (it essentially gives authority and recommends at least once in 12 months). Which counties, and if there really are counties that are inspecting schools, why do they bother under the existing rules? These rules need to be drastically updated to address disease prevention (including some children's environmental health but also basics like children should wash their hands before they eat), give counties some authority, clarify

	<p>whether we are inspecting just public or also private, perhaps include preschools, since the daycare rules don't, and REQUIRE counties to inspect. 2. The lack of contracts is key-our county is not doing several of these programs that it appears like we are supposed to be doing (ie. food vending, Swimming Areas, youth and work camps, jails) 3. Lack of understanding of roles between county and FCSS on MT Food and Drug Act 4. For FCSS staff to provide training to county sanitarians, the expertise level at FCSS MUST improve 5. Why are private schools, preschools not being required to get a food license? Why aren't group and family daycares required to get a food license? How's about we get the exemption for licensure for daycare centers out of the ARM? 6. Need to address Virginia Graeme Baker Act in Pool Code 7. Needs to be some serious communication and perhaps some adjustments between FCSS and DPHHS/QAD on who is doing what with child care settings and nursing homes. QAD oversees rules which attempt to deal with disease prevention in all types of daycares while counties deal with this section of the rules in centers. The rules for centers are mixed up with some areas of disease prevention in the QAD rules. All the rules for all types of daycares come from the MT Child Care Act, which seems to really have stemmed from the need to fund daycare for families who cannot afford it, not so much about disease prevention. It seems that the child protection part should be separated from the disease prevention part, that preschools should be included (currently exempt from license or registration in statute) and that counties should also play a role with group and family daycares 8. Need to clean up the daycare rules so that drop off daycares and shorter programs such as after school programs are not exempt from licensure/registration 9. Do any counties other than Yellowstone and L&C provide training to daycare centers other than an inspection? If so, we should be sharing our trainings. Should FCSS be involved in finding appropriate trainings on food safety and disease prevention for daycares?</p>
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What suggestions do you have for improving relationships among Food and Consumer Safety system partners?	
1.	Communication between Program Managers Get together on the message we are sharing w/ locals
2.	Terminate DPHHS FCSS staff and start over
3.	?
4.	1. Understanding the roles of different partners will prevent unrealistic expectations
5.	Until consistent and permanent leadership is in place, it will be difficult to improve relationships very much.
6.	Regular newsletters. Timely replies to requests for information. Somehow promote the idea that we "have each others backs" in the pursuit of environmental health.
7.	inspection trips to accompany county inspectors regularly would be good at building a strong professional network
8.	We have to stop thinking about us and them and start thinking about we and us!
9.	Ensure that FCSS has an accurate and up-to-date mission statement and that policies/procedures/activities reflect that mission statement.

10.	Need expertise and motivation in FCSS staff, preferably sanitarians who have also worked at the county level, and maybe more than one county
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	What is one good aspect about this process so far?
1.	People are talking Now they need to talk to one another
2.	Still waiting! Committee seems top heavy
3.	?
4.	Its a beginning, a chance to have a discussion and brainstorm new ideas with our partners, to reinvent Public Health in Environmental Health.
5.	Everybody seems on-board so far.
6.	Justification that there are multiple problems that need to be addressed, and we aren't the only county that sees it.
7.	It is too soon to make any definitive assessment
8.	The conversation. Folks getting to know one another. We are all learning a lot
9.	I believe the recommendation to move the meeting around to different parts of the State is a very good one.
10.	This is getting a lot of good information out there and identifying the problems, also some real trends in what people think the problems and the solutions are

	What is one suggestion for improving this process?
1.	put them in a basket and shake it. talk talk talk
2.	Limit the number of DPHHS staff and Big 7 Health Department Personnel involved on the committee. Increase participation on this committee from local sanitarians especially ones in single sanitarian jurisdictions.
3.	?
4.	speed up the process and get to the heart of the matter quicker. Identify the problems, then discuss what can be done to correct them, then move to correct them.
5.	Have some sort of summary of the meetings.
6.	Processes like these fail because they do not set achievable short and long term goals and only focus on the problems and not the solutions. Establish long term goals and short term goals that will help achieve the long term goals.
7.	None at this time.
8.	The meeting rooms were not adequate (1 too large & the other too small) & I felt the 2nd days' meeting was somewhat disjointed.

9.	Would like to know what the upper level management at DPHHS is thinking for options Otherwise, the process seems to be working. These surveys, where lots of sanitarians get to provide input, is key.
10.	Communicate ASAP with the new MDPHHS director about the process so we can be assured that the efforts of the FCSS Study Group will be supported.